

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #: _____

EVAC: ☐ Urgent ☐ Priority ☐ Routine

NAME (Last, First): _____ **LAST 4:** _____

GENDER: ☐ M ☐ F **DATE** (DD-MMM-YY): _____ **TIME:** _____

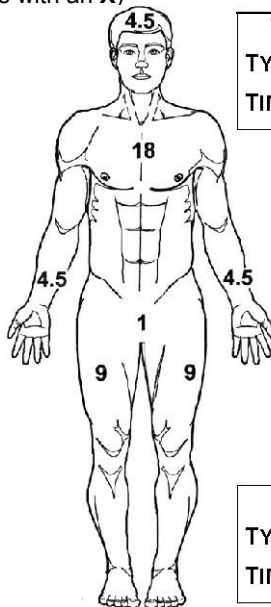
SERVICE: _____ **UNIT:** _____ **ALLERGIES:** _____

Mechanism of Injury: (X all that apply)

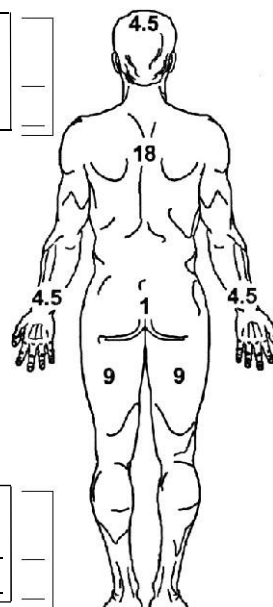
- ☐ Artillery ☐ Blunt ☐ Burn ☐ Fall ☐ Grenade ☐ GSW ☐ IED
☐ Landmine ☐ MVC ☐ RPG ☐ Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm
 TYPE: _____
 TIME: _____



TQ: L Arm
 TYPE: _____
 TIME: _____



TQ: R Leg
 TYPE: _____
 TIME: _____

TQ: L Leg
 TYPE: _____
 TIME: _____

Signs & Symptoms: (Fill in the blank)

Time				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

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Treatments: (X all that apply, and fill in the blank) *Type*

C: TQ- ☐ Extremity ☐ Junctional ☐ Truncal _____

Dressing- ☐ Hemostatic ☐ Pressure ☐ Other _____

A: ☐ Intact ☐ NPA ☐ CRIC ☐ ET-Tube ☐ SGA _____

B: ☐ O2 ☐ Needle-D ☐ Chest-Tube ☐ Chest-Seal _____

C:	<i>Name</i>	<i>Volume</i>	<i>Route</i>	<i>Time</i>
Fluid				
Blood Product				

MEDS:	<i>Name</i>	<i>Dose</i>	<i>Route</i>	<i>Time</i>
Analgesic (e.g., Ketamine, Fentanyl, Morphine)				
Antibiotic (e.g., Moxifloxacin, Ertapenem)				
Other (e.g., TXA)				

OTHER: ☐ Combat-Pill-Pack ☐ Eye-Shield (☐ R ☐ L) ☐ Splint

☐ Hypothermia-Prevention Type: _____

NOTES:

FIRST RESPONDER

NAME (Last, First): _____

LAST 4: _____